



Please Return Your Request and Full Payment to:

The Division of Professional Licensure
Computer Services Department
239 Causeway Street, 4th Floor
Boston, Massachusetts 02114
617-727-1794

Form to Request Licensee Databases

Date of Request		Telephone Number	
Name of Requestor			
Email Address			
Please specify below where you would like the CD-ROM to be sent			
Attention			
Address Line 1			
Address Line 2			
City, State, Zip Code			
Files cannot be emailed – They may be too large and/or some Antivirus programs will not accept databases that are emailed			

The fee for each checked box is \$30.00

All checks should be made payable to: THE COMMONWEALTH OF MASSACHUSETTS

Check All Boxes that Apply

<input type="checkbox"/>	Allied Health Professions	<input type="checkbox"/>	Engineers/Land Surveyors	<input type="checkbox"/>	Plumbers
<input type="checkbox"/>	Allied Mental Health	<input type="checkbox"/>	Fire Alarm Installers	<input type="checkbox"/>	Podiatrists
<input type="checkbox"/>	Architects	<input type="checkbox"/>	Funeral Establishments	<input type="checkbox"/>	Public Accountancy
<input type="checkbox"/>	Barbers	<input type="checkbox"/>	Gas Fitters	<input type="checkbox"/>	Psychologists
<input type="checkbox"/>	Barber Shops/Schools	<input type="checkbox"/>	Hair Salons	<input type="checkbox"/>	Real Estate Sales and Brokers
<input type="checkbox"/>	Chiropractors	<input type="checkbox"/>	Health Officers	<input type="checkbox"/>	Real Estate Appraisers
<input type="checkbox"/>	Cosmetologists/Aestheticians	<input type="checkbox"/>	Hearing Instrument Specialists	<input type="checkbox"/>	Registered Nurses
<input type="checkbox"/>	Dentists	<input type="checkbox"/>	Home Inspectors	<input type="checkbox"/>	Respiratory Care
<input type="checkbox"/>	Dental Hygienists	<input type="checkbox"/>	Landscape Architects	<input type="checkbox"/>	Sanitarians
<input type="checkbox"/>	Dietitians/Nutritionists	<input type="checkbox"/>	Licensed Practical Nurses	<input type="checkbox"/>	Speech & Language
<input type="checkbox"/>	Dispensing Opticians	<input type="checkbox"/>	Nursing Home Administrators	<input type="checkbox"/>	Social Workers
<input type="checkbox"/>	Drinking Water	<input type="checkbox"/>	Optometrists	<input type="checkbox"/>	Television and Radio Repair
<input type="checkbox"/>	Drug Stores/Pharmacies	<input type="checkbox"/>	Perfusionists	<input type="checkbox"/>	Veterinarians
<input type="checkbox"/>	Electricians	<input type="checkbox"/>	Pharmacists	<input type="checkbox"/>	Wholesale Distributors
<input type="checkbox"/>	Electrologists	<input type="checkbox"/>	Pharmacy Technicians	<input type="checkbox"/>	
<input type="checkbox"/>	Embalmers	<input type="checkbox"/>	Physician Assistants	<input type="checkbox"/>	ALL BOARDS

	Number of Boxes Checked	Times Fee per Checked Box	Equals Total Amount Due
FEE CALCULATION			=
EXAMPLE CALCULATION	3 boxes checked	Times \$30.00 per box	Equals \$90.00 due
FOR DIVISION OF PROFESSIONAL LICENSURE USE ONLY			
Request Number	Date Received	Date Sent	Processed By
			Check Number